ADA American Dental Association

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The Bureau of Economic and Behavioral Research

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The 1985 Survey of Dental Practice

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1985 Survey of Dental Practice

INTRODUCTION

The 1985 Survey of Dental Practice is a continuation of the series of surveys that have been conducted every two to three years beginning in the early 1950's (annually since 1982) by the American Dental Assocation's Bureau of Economic and Behavioral Research. The purpose of the survey is to provide reliable information on characteristics of the private practice of dentistry in the United States.

The 1985 survey consisted of two distinct surveys, a long and a short form that were sent to two distinct samples (5.5% and 4% respectively) of the nation's private practitioners. The short form was a condensed version of the long form which consisted of questions dealing with dental visits, hours and weeks worked in the practice, income from the private practice of dentistry, occupational status, auxiliary employment and wages, practice personnel mix, and other characteristics.

Responses to identical questions from both surveys were combined after the appropriate statistical tests showed that there were no significant differences on responses to crucial items between samples.

METHODOLOGY

Sampling

A stratified systematic sampling scheme was selected. Samples were drawn to permit reasonable extrapolation to the total U.S. Dental population. The population from which the sample was drawn consisted of 127,411 dentists, who based on the 1982 Distribution of Dentists, were known to be in private practice, even if only part-time.

The Distribution of Dentists is a dental census that is conducted periodically by the American Dental Association. Although the 1982 Distribution is the most recent complete census, the sampling frame is updated periodically by adding information about recent graduates and retirement and deaths when available. Dentists with an unknown practice status were included in the sampling frame.

The samples were ordered by type of practice - general practitioner or specialist, then by state within each practice type, and lastly by year of graduation from dental school within each state.

The following demographic, or background information, is available for each dentist in the population:

- type of practice (general practitioner or type of specialist)
- geographic region
- zip code
- state
- year of dental school graduation
- membership status in the American Dental Association
- year of birth
- sex
- primary and secondary occupation

The distribution of dentists in the population by type of practice, region, and year of graduation from dental school is shown in Table 1. Since specialists comprise a small portion of the dental population, it was necessary to oversample (i.e., the proportion of specialists sampled is higher than the actual percentage of specialists in the total dental population) to ensure adequate numbers for statistical analysis. It should be noted that the sample was drawn in such a way to be able to make statements about general practitioners, and specialists as a whole. We may not have, for any given specialty, enough dentists responding to make reliable statements about that individual specialty.

In order to make statements about the entire dental population, it was necessary to account for the oversampling of specialists. This was accomplished by applying a weighting factor to each sampled dentist.

Data Collection

Both forms of the survey were initially mailed in April, 1985. Two follow-up mailings to nonrespondents occurred in May and June, 1985. Long-form dentists who had not responded by July, 1985 received a follow-up telephone interview.

Table 2 contains the number and percent of respondents and non-respondents for each sample. The first set of non-respondents (refusals and no response) represent dentists who chose not to participate and let us know either by returning the survey or by telephone (refusals), and those dentists who never responded.

The second set of nonrespondents (address unknown, deceased, etc.) represent dentists who were included in the sample but should not have been. The final response rates were computed after these individuals who were either retired, disabled, not in private practice, or had unknown addresses were eliminated from the sample. The adjusted sample size was used to calculate the final response rates of 46.9% for the long form, 48.2% for the short form, or an overall response rate of 47.5%.

Table 3 contains the percentage of sampled and respondent dentists by type of practice, region, and year of graduation.

Table 1

Distribution of Dentists in the Population by
Type of Practice, U.S. Region, and Year of Graduation, 1985

	Population	
TYPE OF PRACTICE		
General Practice	87.8%	111,925
Specialists:		
Oral and Maxillofacial Surgery	2.8	3,591
Endodontics	0.9	1,132
Orthodontics	4.7	6,011
Pediatric Dentistry	1.4	1,838
Periodontics	1.6	2,043
Prosthodontics	0.6	717
Oral Pathology	0.1	68
Other	0.1	86
TOTAL	100.0	127,411
U.S. REGION		
New England	6.5	8,227
Middle Atlantic	19.4	24,760
South Atlantic	13.8	17,557
East South Central	4.9	6,213
East North Central	17.6	22,361
West North Central	7.2	9,206
West South Central	8.2	10,473
Mountain	5.2	6,645
Pacific	16.5	20,963
Other*	0.7	899
Missing	0.0	41
TOTAL	100.0	127,411
YEAR OF GRADUATION		
Before 1940	4.6	5,846
1940 - 1944	4.7	5,966
1945 - 1949	5.3	6,716
1950 - 1954	8.6	10,985
1955 - 1959	10.1	12,839
1960 - 1964	11.0	14,071
1965 - 1969	11.8	15,057
1970 - 1974	14.3	18,248
1975 - 1979	16.5	20,981
1980 - 1983	13.0	16,545
Missing	0.1	157
TOTAL	100.0	127,411

* Other includes American Samoa, Guam, Canal Zone, Puerto Rico, and the Virgin Islands.

Source: The 1985 Survey of Dental Practice.

Table 2

Number and Percentage Distribution of
Sample Dentists by Response Categories, 1985

RESPONSE STATUS	LONG FORM Number	LONG FORM Percent of Original Sample	LONG FORM Percent of Adjusted Sample	SHORT FORM Number	SHORT FORM Percent of Original Sample	SHORT FORM Percent of Adjusted Sample
Respondents	3,251	43.0%	46.9%	2,697	45.9%	48.2%
Nonrespondents:						
Refusals	981	12.9	14.2	107	1.8	1.9
No response	2,699	35.7	38.9	2,788	47.5	49.9
Subtotal	3,680	48.6	53.1	2,895	49.3	51.8
Nonrespondents:						
Address unknown	91	1.2	--	23	0.4	--
Deceased	42	0.6	--	9	0.2	--
Retired/Disabled/No longer in Private Practice	496	6.6	--	249	4.2	--
Subtotal	629	8.4	--	281	4.8	--
Original Sample Size	7,560	100.0	100.0	5,873	100.0	100.0
Adjusted Sample Size	7,560 - 629 = 6,931			5,873 - 281 = 5,592		

Source: The 1985 Survey of Dental Practice.

Weighting the Sample

Since the proportion of specialists in the sample is higher than the actual percentage in the dental population, it is necessary to account for this imbalance when making statements about the total dental population. The correction is accomplished by developing and applying a weighting factor to each sampled dentist in the surveys.

Weights were calculated for general practitioners and specialists separately, by dividing the percentage of each in the population by the percentage in the sample. The assumed proportion of general practitoners in the population is 85%, specialists 15%.* Since there are survey items that appeared on the long form only, weights were calculated separately for each survey and for the combined surveys. The percentage distribution of general practitioners and specialists in each sample is as follows:**

	General Practitioners	Specialists	Total
Long form	79.9	20.1	100.0
Short form	74.8	25.	100.0
Combined	77.7	22.3	100.0

Weights for each survey were computed as follows:

Long Form	
General Practitioner	.85/.799 = 1.063830
Specialist	.15/.201 = 0.746269
Short Form	
General Practitioner	.85/.748 = 1.136364
Specialist	.15/.201 = 0.595238
Combined Forms	
General Practitioner	.85/.777 = 1.093951
Specialist	.15/.223 = 0.672746

These weights were employed in the calculation of means and medians where general practitioners and specialists were combined - where statements were made about "all" solo or independent dentists. Weights were also used in frequency tables (tables reporting numbers and percentages). Each response was multiplied by its proper weight before summing. All tables are labelled and it is clearly indicated where weights were employed.

*Percentages vary slightly from population breakdown presented in Table 1. This is due to the slight under reporting of specialist status.

**The percentages of general practitioners and specialists were updated in the sample based on respondent report of change in status. Percentages differ slightly from original sample percentages presented in Table 3.

Table 3

Distribution of Sample and Respondent Dentists by
Type of Practice, U.S. Region, and Year of Graduation, 1985

	LONG FORM		SHORT FORM	
TYPE OF PRACTICE	Sample	Respondents	Sample	Respondents
General Practice+	81.4%	81.1%	76.1%	76.1%
Specialists:+				
Oral and Maxillofacial Surgery	4.7	4.9	5.3	5.1
Endodontics	1.1	1.3	1.9	2.2
Orthodontics	7.1	6.6	9.5	8.8
Pediatric Dentistry	2.2	2.6	3.0	3.2
Periodontics	2.3	2.4	3.1	3.5
Prosthodontics	1.0	1.0	0.9	1.0
Oral Pathology	0.1	0.1	0.2	0.1
Other	0.1	0.0	0.0	0.0
TOTAL	100.0	100.0	100.0	100.0
U.S. REGION				
New England	6.5	7.3	6.7	6.1
Middle Atlantic	19.5	18.0	19.4	18.2
South Atlantic	17.4	17.9	17.3	17.2
East South Central	7.1	8.1	7.1	8.3
East North Central	13.9	15.4	13.9	15.1
West North Central	4.9	5.0	4.9	4.7
West South Central	8.2	7.8	8.1	8.1
Mountain	5.2	5.1	5.2	5.2
Pacific	16.5	15.7	16.7	16.4
Other*	0.8	0.5	0.7	0.3
TOTAL	100.0	100.0	100.0	100.0
YEAR OF GRADUATION				
Before 1940	4.5	2.6	4.4	2.2
1940 - 1944	4.7	3.8	4.7	3.4
1945 - 1949	5.4	5.3	5.4	5.4
1950 - 1954	8.7	9.6	8.8	9.1
1955 - 1959	10.3	10.9	10.5	10.6
1960 - 1964	11.6	11.6	11.9	12.5
1965 - 1969	12.4	12.4	13.0	14.6
1970 - 1974	14.6	14.9	15.0	15.6
1975 - 1979	15.7	17.1	15.1	15.9
1980 - 1983	12.1	11.8	11.1	10.8
Missing	0.0	0.0	0.1	0.0
TOTAL	100.0	100.0	100.0	100.0

+The proportion of specialists in the samples is higher than the actual percentage in the dental population due to the intentional oversampling of specialists. The imbalance was accounted for by applying a weighting factor to each sampled dentist.

*Other includes American Samoa, Guam, Canal Zone, Puerto Rico, and the Virgin Islands.

Source: The 1985 Survey of Dental Practice.

Solo and Independent Dentists

The analyses in this report are restricted to dentists who are in private practice as a primary occupation. It is further limited to independent dentists (dentists who are owners in full or part of a private practice), who were in private practice prior to 1984.

Most (94.4%) of all private practitioners are owners, or share in the ownership of the practice where they work. An independent dentist can either be a sole proprietor in an unincorporated dental practice, a partner in a complete or limited partnership, or a shareholder in an incorporated dental practice.

The solo dental practice is the most typical size of private practice. About 72% of the nations' private practitioners are working in a practice with no other dentist. A solo dentist, as well as being the only owner of a practice, is the only dentist working in the practice. Solo dentists are a subset of independent dentists. Note that a dentist may be a sole proprietor and not necessarily a solo dentist. A sole proprietor is the only owner, but may employ other dentists in the practice.

The reader is cautioned about making inferences about nonsolo or "group practice" from statistics presented in this report. Although the respondent dentist may practice with one or more other dentists, the majority of survey items deal with issues that pertain to him/her only. The respondent dentist was asked only the number of other owner and nonowner dentists in the practice. No additional information was collected on these dentists. The respondent dentist represented the whole practice when responding to the few questions that dealt with the entire practice. There are a few tables that are presented for solo dentists but are not presented for independent dentists. These tables are the number of new patients per week (Table 20), sources of new patients (Table 21), percentage of gross receipts by source (Table 22), expenditures for selected items (Table 28), and annual professional expenses (Table 29).

DEFINITIONS

Median

The numerical value of the middle case or the case lying exactly on the 50th percentile. Once all the cases have been rank ordered from the highest to the lowest, half of the values exceed that value and half do not.

Mean

The simple average of values reported by the dentists responding to the survey. The mean is merely the sum of the individual values for each case divided by the number of cases.

Standard Deviation

A measure of the frequency and magnitude of any dispersion between values of a variable and its overall mean. If for example, all dentists' incomes were equal, there would be no dispersion and the standard deviation would be zero. If incomes radically differ across all dentists, the standard deviation of dentists' incomes would be quite large. Its value is obtained by taking the square root of the sum of the squared differences between dentists' incomes and the arithmetic mean, divided by the number of dentists.

Independent Dentists

All dentists who own or share in the ownership of a dental practice. This ownership status includes sole proprietorship, partnership and a shareholder in an incorporated practice.

Weighting

Since specialists comprise a smaller percent of the dental population, it was necessary to oversample them to insure adequate numbers for statistical analysis. The proportion of specialists in the sample is higher than the actual proportion of specialists in the total population of dentists. Please note that individual specialists were not oversampled and, therefore, only statistics on specialists as a group are presented. Statistics computed for all dentists were weighted to reflect national proportions.

Regions

The following is a breakdown of the states in each region.

New England: CT, ME, NH, RI, VT, MA
Middle Atlantic: NJ, NY, PA
East North Central: IL, IN, MI, OH, WI
West North Central: IA, KS, MN, MO, ND, NE, SD
South Atlantic: DE, MD, DC, FL, GA, NC, SC, VA, WV
East South Central: AL, KY, MS, TN
West South Central: AR, LA, OK, TX
Mountain: AZ, CO, ID, MT, NV, NM, UT, WY
Pacific: AK, CA, HI, OR, WA

SOLO DENTISTS

Table 4

Number and Percentage Distribution of Solo Dentists by Initial Employment Status, 1984

	TYPE OF DENTIST					
	General Practitioner		Specialist		All Solo Dentists	
	Weighted		Weighted		Weighted	
	Number	Percent	Number	Percent	Number	Percent
INITIAL PRACTICE STATUS						
Sole Proprietor	2953	86.7%	451	80.5%	3404	85.8%
Partner	80	2.3	25	4.4	105	2.6
Shareholder	110	3.2	47	8.4	158	4.0
Employed (in an incorporated practice)	70	2.1	15	2.8	85	2.2
Employed (in an unincorporated practice)	152	4.5	17	3.0	169	4.3
Independent Contractor	39	1.2	5	1.0	45	1.1
All Solo Dentists	3,404	100.0	561	100.0	3,965	100.0

Source: The 1985 Survey of Dental Practice.

Table 5

Number and Percentage Distribution of Solo Dentists by Current Employment Status, 1984

	TYPE OF DENTIST					
	General Practitioner		Specialist		All Solo Dentists	
	Weighted		Weighted		Weighted	
	Number	Percent	Number	Percent	Number	Percent
CURRENT EMPLOYMENT STATUS						
Sole Proprietor	2616	76.6%	284	50.2%	2899	72.8%
Shareholder	801	23.4	281	49.8	1082	27.2
All Solo Dentists	3416	100.0	565	100.0	3981	100.0

Source: The 1985 Survey of Dental Practice.

Table 6

Solo Dentists
Mean Hours per Week Spent in the Practice and at
Selected Activities, 1984

	TYPE OF DENTIST					
	General Practitioner		Specialist		All Solo Dentists	
	Mean	Number	Mean	Number	Weighted Mean	Number
Treating Patients	32.5	3083	31.2	829	32.3	3912
Laboratory Procedures	2.4	1731	1.6	407	2.3	2138
Filing Prepayment Forms	0.8	1730	0.7	404	0.8	2134
Bookkeeping	1.1	1727	1.2	407	1.1	2134
Professional Reading	2.2	1729	2.6	408	2.2	2137
Personal Time	3.7	1727	3.9	406	3.8	2133
Other Activities	0.9	1716	1.7	403	1.0	2119
Total Number of Hours	42.3	3104	42.0	832	42.2	3936

Source: The 1985 Survey of Dental Practice.

Table 7

Solo Dentists
Mean Hours per Year Spent in the Practice and at
Selected Activities, 1984

	TYPE OF DENTIST					
	General Practitioner		Specialist		All Solo Dentists	
	Mean	Number	Mean	Number	Weighted Mean	Number
Treating Patients	1557.9	3076	1476.1	824	1546.3	3900
Laboratory Procedures	114.4	1731	76.2	407	109.0	2138
Filing Prepayment Forms	37.2	1730	31.1	404	36.3	2134
Bookkeeping	54.6	1727	57.0	407	54.9	2134
Professional Reading	103.7	1729	123.6	408	106.6	2137
Personal Time	178.4	1727	186.4	406	179.5	2133
Other Activities	43.4	1716	80.3	403	48.7	2119
Total Number of Hours	2024.6	3096	1983.6	827	2018.8	3923

Source: 1985 Survey of Dental Practice.

Table 8

Solo Dentists
Mean Percent of Time Treating Patients by Specified Type of Procedure, 1984

	TYPE OF DENTIST					
	General Practitioner		Specialist		All Solo Dentists	
	Mean	Number	Mean	Number	Weighted Mean	Number
Diagnostic	10.1%	1342	10.0%	362	10.1%	1704
Preventative	11.0	1342	3.9	362	9.9	1704
Operative	42.0	1342	5.5	362	36.2	1704
Prosthodontic	16.7	1342	3.6	362	14.6	1704
Endodontic	7.0	1342	5.0	362	6.7	1704
Periodontic	4.0	1342	10.3	362	5.0	1704
Orthodontic	1.8	1342	40.8	362	8.0	1704
Oral and Maxillofacial Surgery	4.0	1342	17.6	362	6.2	1704
General Services	3.4	1342	3.4	362	3.4	1704

Source: The 1985 Survey of Dental Practice.

Table 9

Solo Dentists
Mean and Median Number of Appointments and Patient Visits per Week*, Not Including Hygienist Appointments, 1984

	TYPE OF DENTIST								
	General Practitioner			Specialist			All Solo Dentists		
	Mean	Median	Number	Mean	Median	Number	Weighted Mean	Median	Number
Appointments Scheduled	53.4	50.0	2965	95.4	75.0	797	59.3	50.0	3762
Walk-In Visits	2.5	1.0	2986	1.6	0.0	770	2.4	1.0	3756
Emergency Visits	4.4	3.0	2973	5.1	3.0	782	4.5	3.0	3755
Scheduled Visits Treated	50.6	45.0	2929	90.2	70.0	775	56.2	48.0	3704
Total Visits Per Week	57.5	52.0	2883	96.5	75.0	739	62.8	55.0	3622
No-Shows	2.9	0.0	2904	5.0	0.0	774	3.2	0.0	3678

*Patient visits and appointments per week does not include those with hygienist appointments only.

Table 10

Solo Dentists
Mean and Median Number of Appointments and Patient Visits per Week*, Including Hygienist Appointments, 1984

	TYPE OF DENTIST								
	General Practitioner			Specialist			All Solo Dentists		
	Mean	Median	Number	Mean	Median	Number	Weighted Mean	Median	Number
Appointments Scheduled	71.1	66.0	2917	103.2	88.0	775	75.6	70.0	3692
Walk-In Visits	2.5	1.0	2986	1.6	0.0	770	2.4	1.0	3756
Emergency Visits	4.4	3.0	2973	5.1	3.0	782	4.5	3.0	3755
Scheduled Visits Treated	67.0	62.0	2830	96.9	80.0	747	71.2	65.0	3577
Total Visits Per Week	73.9	69.0	2786	103.4	85.0	715	77.9	71.0	3501
No-Shows	4.1	2.0	2830	5.8	1.0	747	4.4	2.0	3577

*Patient visits and appointments per week include those with hygienists appointments only.

Source: The 1985 Survey of Dental Practice.

Table 11

Solo Dentists
Mean and Median Number of Patients Treated at Least One Time During the Year, 1984

	All Solo Dentists			
	Mean	Median	Number	S.D.
General Practitioners	1,190	1,000	1,085	960
Specialists	855	500	500	876
All Solo Dentists	1,131	949	1,410	950

Source: The 1985 Survey of Dental Practice.

Table 12

Percentage Distribution of All Solo Dentists Employing
Specified Number and Type of (Full- and Part-Time) Personnel, 1984

NUMBER OF PERSONNEL	Dental Hygienist		Dental Assistant		Secretary/ Receptionist		Laboratory Technician		Bookkeeper/ Business Personnel		All Types	
	Percent	Weighted Number	Percent	Weighted Number	Percent	Weighted Number	Percent	Weighted Number	Percent	Weighted Number	Percent	Weighted Number
0	50.7%	1,977	14.5%	564	22.4%	873	94.0%	3,665	76.1%	2,986	5.4%	209
1	34.0	1,324	52.1	2,032	64.9	2,529	5.2	201	22.6	883	13.0	506
2	11.9	465	25.2	982	11.3	440	0.7	26	1.1	42	19.6	763
3	2.9	113	6.1	238	1.2	46	0.1	4	0.1	5	22.7	884
4 +	0.4	17	2.1	81	0.2	9	0.0	1	0.1	3	39.4	1,535
	100.0	3,897	100.0	3,897	100.0	3,897	100.0	3,897	100.0	3,897	100.0	3,897

Source: The 1985 Survey of Dental Practice.

Table 13

Solo Dentists
Mean Weekly Salary Paid to Full-Time Employees, 1984

CENSUS REGION	Dental Hygienist		Dental Assistant		Secretary/ Receptionist		Laboratory Technician		Bookkeeper/ Business Personnel	
	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number
New England	$348	56	$ 244	92	$ 256	65	---	*	---	*
Middle Atlantic	377	75	236	198	247	142	---	*	---	*
East North Central	374	116	217	257	233	183	---	*	---	*
West North Central	376	59	222	151	248	86	---	*	---	*
South Atlantic	373	164	227	292	244	181	---	*	---	*
East South Central	315	60	228	118	225	65	---	*	---	*
West South Central	397	48	245	167	265	108	---	*	---	*
Mountain	420	31	238	105	258	69	---	*	---	*
Pacific	498	66	275	281	317	218	---	*	---	*
Total U.S.	383	675	238	1661	260	1117	$ 295	48	$ 274	97

*Responses were too few to allow meaningful statistical analysis.

Source: 1985 Survey of Dental Practice.

Table 14

All Solo Dentists
Mean Weekly Salary or Commission Paid to
Full- or Part-Time Employees, 1984

	Dental Hygienist		Dental Assistant		Secretary/ Receptionist		Laboratory Technician		Bookkeeper/ Business Personnel	
	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number
CENSUS REGION										
New England	$ 234	171	$ 200	148	$ 205	112	---	*	$ 113	33
Middle Atlantic	234	298	189	368	206	261	---	*	151	51
East North Central	247	379	186	397	203	285	---	*	137	76
West North Central	254	141	191	214	215	123	---	*	126	31
South Atlantic	293	362	209	386	219	268	---	*	140	70
East South Central	257	112	210	149	212	79	---	*	---	*
West South Central	285	160	220	227	252	134	---	*	189	28
Mountain	281	101	199	157	236	93	---	*	176	29
Pacific	304	360	242	428	283	316	---	*	155	68
Total U.S.	267	2084	206	2474	228	1671	$ 234	101	146	406

*Responses are too few to allow meaningful statistical analysis.

Source: The 1985 Survey of Dental Practice.

Table 15

Solo Dentists
Mean Hourly Salary or Commission
Paid to Full-Time Employees, 1984

	Dental Hygienist		Dental Assistant		Secretary/ Receptionist		Laboratory Technician		Bookkeeper/ Business Personnel	
	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number
CENSUS REGION										
New England	$ 9.93	56	$ 6.71	92	$ 7.08	65	...	*	...	*
Middle Atlantic	10.46	75	6.52	198	6.95	142	...	*	...	*
East North Central	10.72	116	5.99	257	6.39	183	...	*	...	*
West North Central	10.71	59	6.05	151	6.72	86	...	*	...	*
South Atlantic	10.64	164	6.18	292	6.66	181	...	*	...	*
East South Central	8.83	60	6.09	118	5.99	65	...	*	...	*
West South Central	11.66	48	6.71	167	7.29	108	...	*	...	*
Mountain	12.58	31	6.72	105	7.24	69	...	*	...	*
Pacific	14.53	66	7.54	281	8.68	218	...	*	...	*
Total U.S.	10.98	675	6.52	1661	7.14	1117	$ 8.01	48	$ 7.49	97

*Responses were too few to allow meaningful statistical analysis.

Source: The 1985 Survey of Dental Practice.

Table 16

Solo Dentists
Mean Hourly Salary or Commission
Paid to Full- or Part-Time Employees, 1984

	Dental Hygienist		Dental Assistant		Secretary/ Receptionist		Laboratory Technician		Bookkeeper/ Business Personnel	
	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number
CENSUS REGION										
New England	$ 10.74	169	$ 6.54	145	$ 6.81	106	---	*	$ 10.78	33
Middle Atlantic	11.55	295	6.44	363	7.07	249	---	*	9.01	45
East North Central	11.38	378	5.99	384	6.53	273	---	*	9.29	70
West North Central	10.98	141	5.99	207	6.61	119	---	*	9.48	28
South Atlantic	11.84	355	6.28	375	7.07	251	---	*	8.25	63
East South Central	9.32	110	6.11	146	6.02	76	---	*	---	*
West South Central	13.24	157	6.74	220	7.60	128	---	*	7.55	24
Mountain	13.56	101	6.78	154	7.27	90	---	*	9.68	27
Pacific	16.81	356	7.65	410	8.56	301	---	*	8.51	63
Total U.S.	12.48	2062	6.54	2404	7.21	1593	$ 8.70	93	9.01	370

*Responses were too few to allow meaningful statistical analysis.

Source: The 1985 Survey of Dental Practice.

Table 17

Solo Dentists
Mean Number of Full- and Part-Time Hygienists' Appointments and Patient Visits per Week by Region, 1984

	Hygienist Appointments Scheduled		Hygienist Patient Visits	
	Weighted Mean	Number	Weighted Mean	Number
REGION				
New England	39.3	117	37.2	113
Middle Atlantic	35.1	237	32.5	233
East North Central	37.0	323	34.9	316
West North Central	32.5	119	30.5	117
South Atlantic	38.5	295	36.0	287
East South Central	35.5	95	32.5	93
West South Central	30.9	154	28.1	152
Mountain	29.3	97	26.5	94
Pacific	28.8	294	26.7	284
Total U.S.	34.4	1731	32.0	1689

Source: The 1985 Survey of Dental Practice.

Table 18

Percent of Solo Dentists Using Specified Number of Operatories, Dental Techniques, Laboratories and Specified Equipment, 1984

	TYPE OF DENTIST					
	General Practitioner		Specialist		All Solo Dentists	
	Weighted		Weighted		Weighted	
	Number	Percent	Number	Percent	Number	Percent
FACILITIES AND EQUIPMENT:						
Operated Own Dental Laboratory	105	6.2%	108	27.3%	213	10.2%
Equipment Utilization*:						
Composite Light Curing Unit	1,502	88.2	86	21.9	1,588	75.8
High Speed Air Handpiece with Fiber Optics	885	52.2	71	18.2	956	45.8
Panoramic x-ray Unit	472	28.0	393	56.5	694	33.4
Ultrasonic or Sonic Scaling Unit	1,698	77.4	161	41.0	1,476	70.6
Electrosurgical Unit	684	40.5	391	25.8	785	37.7
Nitrous Oxide Analgesia Equipment	842	49.7	162	41.3	1,004	48.1
Modular Instrument Delivery System (wall divider)	249	14.9	31	7.9	280	13.5
Automatic x-ray Film Processor	826	48.7	202	51.4	1,028	49.2
Utilization of Computer Processing Services+:						
Services+:						
In-House	104	44.3	49	66.2	153	49.5
Outside Computer Service	131	55.7	25	33.8	156	50.5
Operatories (Mean)	1,692	2.7	391	3.3	2,083	2.8
Fully-Equipped Operatories (Mean)	1,659	2.4	374	2.5	2,033	2.4

*For each category only affirmative response rates are reported.

+These response rates are based only on those respondents who use computer services including 15.1% of all solo dentists, 14.1% of solo general practitioners, and 19.3% of solo specialists.

Source: The 1985 Survey of Dental Practice.

Table 19

Percent of Solo Dentists by Location and Characteristics of Practice, 1984

	TYPE OF DENTIST					
	General Practitioner		Specialist		All Solo Dentists	
	Weighted		Weighted		Weighted	
	Number	Percent	Number	Percent	Number	Percent
PRACTICE LOCATION AND CHARACTERISTICS:*						
Building Description:						
Home	189	9.0%	24	4.2%	213	8.0%
Professional Building	1,324	63.0	444	78.2	1,768	66.2
Commercial Building	588	28.0	100	17.6	688	25.8
Located in a Shopping Center	167	7.6	34	5.8	201	7.2
Primary Practice Characterization:						
Retail or Drug Store Location	48	2.2	6	1.1	54	2.0
Franchise (practice marketed under a trade name)	9	0.4	0	0.0	9	0.3

*For each category only affirmative responses are reported.

Source: The 1985 Survey of Dental Practice.

Table 20

Solo Dentists
Mean and Median Number of New Patients per Week, 1984

	All Solo Dentists			
	Mean	Median	Number	S.D.
New Patients per Week	6.6	5.0	2,009	10.5

	General Practitioner			
	Mean	Median	Number	S.D.
New Patients per Week	5.6	4.0	1,635	7.9

	Specialist			
	Mean	Median	Number	S.D.
New Patients per Week	12.7	7.0	374	19.0

Source: The 1985 Survey of Dental Practice.

Table 21

Solo Dentists
Mean Percent of Dentists' Sources of New Patients, 1984

	TYPE OF DENTIST					
	General Practitioner		Specialist		All Solo Dentists	
	Mean	Number	Mean	Number	Weighted Mean	Number
Other General Practitioners	2.6	1355	54.3	349	13.1	1704
Other Specialists	4.1	1355	4.8	349	4.3	1704
Patients	81.2	1355	34.4	349	71.6	1704
Dental Referral Service	1.1	1355	0.3	349	0.9	1704
Other Professionals (e.g., MD's)	4.2	1355	4.0	349	4.1	1704
Direct Mail or Commercial Advertising (e.g., TV, Radio, Newspaper)	2.5	1355	0.6	349	2.1	1704
Capitation/closed panel contracts	0.8	1355	0.2	349	0.6	1704
Other Sources	3.6	1355	1.4	349	3.2	1704
	100.0	1355	100.0	349	100.0	1704

Source: The 1985 Survey of Dental Practice.

Table 22

Mean and Median Waiting Times for Patients of
Record and New Patients for Solo Dentists, 1984

	TYPE OF DENTIST											
	General Practitioner				Specialist				All Solo Dentists			
	Mean	Median	Number	S.D.	Mean	Median	Number	S.D.	Mean	Median	Number	S.D.
PATIENTS OF RECORD												
For the Initial Appointment (Days)	6.0	5.0	2964	6.6	5.4	3.0	764	6.7	5.9	4.0	3728	6.6
Elapsed Time in Waiting Room (Minutes)	7.7	5.0	2943	6.7	8.0	7.0	776	6.3	7.7	5.0	3719	6.7
NEW PATIENTS												
For the Initial Appointment (Days)	6.4	5.0	2657	7.5	6.3	5.0	688	7.2	6.3	5.0	3345	7.5
Elapsed Time in Waiting Room (Minutes)	7.8	5.0	2461	7.0	8.5	8.0	629	7.2	7.9	5.0	3090	7.0

Source: The 1985 Survey of Dental Practice.

Table 23

Solo Dentists
Percentage Distribution by Perceived Personal
Busyness in the Primary Practice, 1984

	TYPE OF DENTIST					
	General Practitioner		Specialist		All Solo Dentists	
	Weighted		Weighted		Weighted	
	Number	Percent	Number	Percent	Number	Percent
PERCEIVED PERSONAL BUSYNESS						
Too Busy	94	5.2%	3	1.0%	97	4.6%
Overworked	232	12.9	24	8.0	256	12.2
Enough Patients	798	44.4	133	44.6	931	44.4
Not Busy Enough	674	37.5	138	46.4	813	38.8
All Solo Dentists	1798	100.0	298	100.0	2096	100.0

Source: The 1985 Survey of Dental Practice.

Table 24

Mean and Median Net Income of Solo Dentists by Source of Income*, 1984

	Mean	Median	Number	S.D.
All Solo Dentists				
Primary Practice	$ 62,370	$ 60,000	3,404	$ 41,240
Private Practice	62,760	60,000	3,369	41,320
Total from Dentistry	63,590	60,000	3,369	41,500
General Practitioner				
Primary Practice	57,850	53,000	2,682	36,620
Private Practice	58,200	54,000	2,671	36,520
Total from Dentistry	58,910	54,500	2,671	36,630
Specialist				
Primary Practice	86,690	80,000	722	54,330
Private Practice	91,070	80,000	698	55,010
Total from Dentistry	92,700	80,160	698	55,040

*Three different estimates of net income from the practice of dentistry are: 1) net income from the primary practice alone; 2) net income from private practice, and 3) total net income from all dental sources. Primary practice net income is what the dentist reported as his/her income after practice expenses but before personal taxes from the primary practice where they worked. Net income from private practice is the net income from the primary practice plus income earned from a secondary private practice. Total net income from all dental sources includes net income from primary practice, net income from secondary practice and any other income derived from other dental sources such as teaching in a dental school, dental consulting or working part-time in a hospital.

Source: The 1985 Survey of Dental Practice.

Table 25

Mean and Median Net Income from Primary Practice for Solo Dentists by Region*, 1984

	Type of Dentist											
	General Practitioner				Specialist				All Solo Dentists			
	Net Income				Net Income				Net Income			
	Mean	Median	Number	S.D.	Mean	Median	Number	S.D.	Weighted Mean	Median	Number	S.D.
CENSUS REGION												
New England	$56,508	$56,000	161	$28,119	$85,576	$80,000	49	$39,484	$61,090	$60,000	210	$31,863
Middle Atlantic	56,750	50,000	452	49,098	88,076	78,000	125	59,552	61,303	55,179	577	51,969
East North Central	55,804	51,500	509	30,194	93,563	84,112	100	51,929	59,873	55,900	609	35,628
West North Central	55,385	50,000	229	34,084	108,458	100,000	38	55,405	60,299	53,700	267	40,276
South Atlantic	61,905	60,000	370	33,638	87,484	78,644	118	56,440	66,098	60,000	488	39,266
East South Central	59,126	50,000	135	41,484	79,240	65,000	45	39,747	62,547	58,000	180	41,561
West South Central	57,320	50,000	229	32,421	100,169	80,000	67	64,297	63,853	60,000	296	41,816
Mountain	53,248	47,500	152	30,956	103,074	83,000	55	65,094	62,317	56,000	207	43,362
Pacific	61,562	58,000	431	36,962	78,531	70,000	123	43,740	64,095	60,000	554	38,505
Total U.S.	57,900	57,900	2668	38,328	89,735	89,735	720	44,602	62,430	62,430	3388	41,272

*Excludes Guam, Puerto Rico, and the Virgin Islands.

Source: The 1985 Survey of Dental Practice.

Table 26

Mean and Median Gross Income per Owner Dentist from Primary Practice for All Solo Dentists by Region*, 1984

	TYPE OF DENTIST											
	General Practitioner				Specialist				All Solo Dentists			
	Mean	Median	Number	S.D.	Mean	Median	Number	S.D.	Weighted Mean	Median	Number	S.D.
CENSUS REGION												
New England	$149,707	$145,000	140	$72,735	$212,638	$204,000	44	$88,339	$159,899	$155,000	184	$78,524
Middle Atlantic	141,827	127,838	394	87,893	211,182	199,500	110	108,861	151,989	140,000	504	94,521
East North Central	152,391	140,000	460	79,687	238,678	215,000	91	123,501	161,749	150,000	551	90,636
West North Central	143,899	125,000	215	75,580	252,736	250,000	37	127,066	154,313	140,000	252	89,149
South Atlantic	170,984	164,934	346	82,157	231,195	210,000	107	106,976	180,604	180,000	453	89,030
East South Central	152,053	140,000	120	69,603	205,979	200,500	40	79,189	161,226	152,500	160	73,549
West South Central	171,304	153,451	216	92,301	240,446	200,000	59	113,771	181,247	166,000	275	98,737
Mountain	155,480	140,000	147	76,817	248,065	238,000	51	125,967	171,758	161,500	198	93,399
Pacific	192,257	180,000	416	104,687	219,916	204,500	118	126,208	196,364	185,000	534	108,553
Total U.S.	161,011	161,011	2454	91,547	227,430	227,430	657	93,790	170,399	170,399	3111	94,890

*Excludes Guam, Puerto Rico, and the Virgin Islands.

Source: The 1985 Survey of Dental Practice.

Table 27

Solo Dentists
Mean Percentage of Gross Receipts for the Entire Primary Practice by Source of Income, 1984

	TYPE OF DENTIST					
	General Practitioner		Specialist		All Solo Dentists	
	Mean	Number	Mean	Number	Weighted Mean	Number
Direct Patient Payment	47.6	2585	58.1	700	49.1	3285
Government Programs (e.g., Medicare, Medicaid)	5.2	2585	4.2	700	5.1	3285
Private Insurance Carriers	46.5	2585	37.0	700	45.2	385
Other Sources	0.6	2585	0.6	700	0.6	3285

Source: The 1985 Survey of Dental Practice.

Table 28

Solo Dentists
Mean and Median Expenditures for Selected Items for Dentists with Those Expenditures*, 1984

	New or Used Dental Equipment (NOT INCLUDING replacement of worn-out equipment or repairs)				Expansion of Office Facilities (NOT INCLUDING maintenance or basic repairs)			
	Mean	Median	Number	S.D.	Mean	Median	Number	S.D.
General Practitioners	$5,678	$2,000	762	$9,420	$17,721	$4,000	135	$38,353
Specialists	7,565	2,500	154	12,390	20,960	4,608	44	35,899
All Solo Dentists	5,912	2,039	916	9,902	18,323	4,000	179	37,57o

*Includes nonzero responses only.

Source: The 1985 Survey of Dental Practice.

Table 29

Solo Dentists
Annual Professional Expenses, 1984

	TYPE OF DENTIST					
	General Practitioner		Specialist		All Solo Dentists	
ANNUAL EXPENSE ITEM	Mean	Number	Mean	Number	Mean	Number
Yearly rent	$7,193	2548	$12,959	680	$8,006	3228
Yearly mortgage	2,681	2479	2,790	654	2,696	3133
Total salaries, wages, and commissions of non-dentist employees	31,039	2330	41,067	638	32,484	2968
Total salaries, wages, and commissions of employed dentists (EXCLUDING salaries of owner dentists or shareholders of incorporated practices)	...	...	...	...	...	...
Employee benefits of personnel not included in salaries	4,329	977	11,572	228	5,348	1205
General office supplies	3,428	1006	4,997	233	3,648	1239
Dental supplies	9,093	2114	15,877	566	10,052	2680
Commercial dental laboratory charges	17,294	2199	4,972	551	15,649	2750
Advertising expenses	756	2001	1,016	518	792	2519
Annual depreciation costs of dental and office equipment	5,905	880	7,275	187	6,083	1067
Taxes on business and business property	2,582	974	3,771	210	2,739	1184
Repairs of dental or office equipment	939	987	1,255	214	981	1201
Legal and professional fees	1,531	995	2,692	228	1,692	1223
Professional liability (malpractice insurance)	892	903	2,221	204	1,074	1107
Interest on business indebtedness (excluding mortgage)	2,615	907	1,925	191	2,526	1098
Drugs	207	745	664	169	269	914
Utilities (telephone, electricity, etc.)	2,968	1061	3,729	236	3,070	1297
Professional expenses (travel to meetings, society dues, etc.)	2,033	1021	4,449	236	2,370	1257
Bad debts	2,029	1752	3,203	442	2,187	2194
Other	2,076	805	3,769	171	2,296	976
Total Professional Expenses	99,544	1847	140,702	507	105,488	2354

Source: The 1985 Survey of Dental Practice.

INDEPENDENT DENTISTS

Table 30

Number and Percentage Distribution of Independent Dentists by Initial Employment Status, 1984

	TYPE OF DENTIST					
	General Practitioner		Specialist		All Independent Dentists	
	Weighted		Weighted		Weighted	
	Number	Percent	Number	Percent	Number	Percent
INITIAL PRACTICE STATUS						
Sole Proprietor	3458	79.2%	559	69.2%	4017	77.6%
Partner	240	5.5	67	8.3	307	5.9
Shareholder	206	4.7	82	10.2	288	5.6
Employed (in an incorporated practice)	139	3.2	45	5.6	184	3.6
Employed (in an unincorporated practice)	247	5.7	42	5.2	290	5.6
Independent Contractor	78	1.8	12	1.5	90	1.7
All Independent Dentists	4367	100.0	808	100.0	5175	100.0

Source: The 1985 Survey of Dental Practice.

Table 31

Number and Percentage Distribution of Independent Dentists by Current Employment Status, 1984

	TYPE OF DENTIST					
	General Practitioner		Specialist		All Independent Dentists	
	Weighted		Weighted		Weighted	
	Number	Percent	Number	Percent	Number	Percent
CURRENT EMPLOYMENT STATUS						
Sole Proprietor	2902	66.2	316	38.9	3218	61.9
Partner	266	6.1	51	6.3	317	6.1
Shareholder	1214	27.7	446	54.8	1660	32.0
All Independent Dentists	4382	100.0	813	100.0	5196	100.0

Source: The 1985 Survey of Dental Practice.

Table 32

Independent Dentists
Mean Hours per Week Spent in the Practice and at
Selected Activities, 1984

	TYPE OF DENTIST					
	General Practitioner		Specialist		All Independent Dentists	
					Weighted	
	Mean	Number	Mean	Number	Mean	Number
Treating Patients	32.6	3960	31.5	1193	32.5	5153
Laboratory Procedures	2.3	2241	1.4	597	2.1	2838
Filing Prepayment Forms	0.7	2239	0.6	594	0.7	2833
Bookkeeping	1.1	2237	1.1	597	1.1	2834
Professional Reading	2.2	2239	2.5	598	2.2	2837
Personal Time	3.7	2237	3.9	596	3.8	2833
Other Activities	1.0	2223	1.8	593	1.1	2816
Total Number of Hours	42.5	3983	42.1	1198	42.4	5181

Source: The 1985 Survey of Dental Practice.

Table 33

Independent Dentists
Mean Hours per Year Spent in the Practice and at
Selected Activities, 1984

	TYPE OF DENTIST					
	General Practitioner		Specialist		All Independent Dentists	
					Weighted	
	Mean	Number	Mean	Number	Mean	Number
Treating Patients	1560.8	3950	1488.1	1187	1549.5	5137
Laboratory Procedures	108.2	2241	67.4	597	101.8	2838
Filing Prepayment Forms	35.2	2239	27.6	594	34.0	2833
Bookkeeping	54.6	2237	53.5	597	54.4	2834
Professional Reading	103.7	2239	120.3	598	106.3	2837
Personal Time	178.5	2237	182.3	596	179.1	2833
Other Activities	48.1	2223	86.0	593	54.1	2816
Total Number of Hours	2029.2	3972	1983.9	1192	2022.8	5164

Source: The 1985 Survey of Dental Practice.

Table 34

Independent Dentists
Mean Percent of Time Treating Patients by Specified
Type of Procedure, 1984

	TYPE OF DENTIST					
	General Practitioner		Specialist		All Independent Dentists	
	Mean	Number	Mean	Number	Mean	Number
Diagnostic	10.1	1738	10.3	535	10.1	2273
Preventative	10.1	1738	3.6	535	9.0	2273
Operative	41.5	1738	6.3	535	35.2	2273
Prosthodontic	17.4	1738	3.1	535	14.9	2273
Endodontic	7.4	1738	6.1	535	7.2	2273
Periodontic	4.1	1738	10.1	535	5.2	2273
Orthodontic	1.7	1738	34.8	535	7.6	2273
Oral and Maxillofacial Surgery	4.1	1738	22.1	535	7.3	2273
General Services	3.5	1738	3.6	535	3.5	2273

Source: The 1985 Survey of Dental Practice.

Table 35

Independent Dentists
Mean and Median Number of Appointments and Patient Visits
per Week*, Not Including Hygienist Appointments, 1984

	TYPE OF DENTIST								
	General Practitioner			Specialist			All Independent Dentists		
	Mean	Weighted Median	Number	Mean	Median	Number	Mean	Median	Number
Appointments Scheduled	54.1	50.0	3813	93.8	70.0	1139	60.3	50.0	4952
Walk-In Visits	2.6	1.0	3841	2.0	0.0	1110	2.5	1.0	4951
Emergency Visits	4.6	4.0	3825	5.7	4.0	1133	4.7	4.0	4958
Scheduled Visits Treated	51.1	46.0	3772	87.9	60.0	1115	56.7	50.0	4887
Total Visits Per Week	58.2	53.0	3718	95.1	70.0	1068	63.7	55.0	4786
No-Shows	3.1	0.0	3742	5.6	0.0	1110	3.5	0.0	4852

*Patient visits and appointments per week does not include those with hygienist appointments only.

Source: The 1985 Survey of Dental Practice.

Table 36

Independent Dentists
Mean and Median Number of Appointments and Patient Visits
per Week*, Including Hygienist Appointments, 1984

	TYPE OF DENTIST								
	General Practitioner			Specialist			All Independent Dentists		
	Mean	Weighted Median	Number	Mean	Median	Number	Mean	Median	Number
Appointments Scheduled	71.4	66.0	3744	101.0	80.0	1115	76.0	70.0	4859
Walk-In Visits	2.6	1.0	3841	2.0	0.0	1110	2.5	1.0	4951
Emergency Visits	4.6	4.0	3825	5.7	4.0	1133	4.7	4.0	4958
Scheduled Visits Treated	67.0	62.0	3629	94.4	75.0	1080	71.2	64.0	4709
Total Visits Per Week	74.1	69.0	3578	101.7	80.0	1037	78.3	71.0	4615
No-Shows	4.3	2.0	3629	6.3	1.6	1080	4.6	2.0	4709

*Patient visits and appointments per week include those with hygienist appointments only.

Source: The 1985 Survey of Dental Practice.

Table 37

Independent Dentists
Mean and Median Number of Patients Treated at Least
One Time During the Year, 1984

	Mean	Median	Number	S.D.
General Practitioners	1,227	1000	1,401	982
Specialists	1,044	600	473	1,068
All Independent Dentists	1,192	1000	1,874	993

Source: The 1985 Survey of Dental Practice.

Table 38

Percentage Distribution of All Independent Dentists Employing
Specified Number and Type of (Full- and Part-Time) Personnel, 1984

	Dental Hygienist		Dental Assistant		Secretary/ Receptionist		Laboratory Technician		Bookkeeper/ Business Personnel		All Types	
NUMBER OF PERSONNEL	Percent	Weighted Number	Percent	Weighted Number	Percent	Weighted Number	Percent	Weighted Number	Percent	Weighted Number	Percent	Weighted Number
0	46.3%	2,351	12.2%	617	19.1%	971	92.5%	4,695	71.5%	3,630	4.2%	213
1	33.2	1,685	44.1	2,238	60.4	3,064	5.6	284	25.5	1,295	10.9	552
2	14.2	719	26.4	1,340	14.9	755	1.3	64	2.2	113	16.2	822
3	4.2	216	9.5	483	3.5	175	0.4	20	0.4	20	20.1	1,019
4 +	2.1	105	7.8	398	2.2	111	0.3	13	0.4	18	48.7	2,470
	100.0	5,075	100.0	5,075	100.0	5,075	100.0	5,075	100.0	5,075	100.0	5,075

Source: The 1985 Survey of Dental Practice.

Table 39

Independent Dentists
Mean Weekly Salary Paid to Full-Time Employees, 1984

	Dental Hygienist		Dental Assistant		Secretary/ Receptionist		Laboratory Technicians		Bookkeepr/ BusinessPersonnel	
	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number
CENSUS REGION										
New England	$ 373	122	$ 247	177	$ 256	112	---	*	---	*
Middle Atlantic	394	168	237	410	262	255	---	*	$ 284	33
East North Central	378	213	227	452	246	281	---	*	283	43
West North Central	378	111	229	267	253	135	---	*	---	*
South Atlantic	382	259	231	505	248	298	---	*	288	35
East South Central	323	89	221	172	225	94	---	*	---	*
West South Central	411	69	244	240	267	148	---	*	---	*
Mountain	420	42	240	148	262	98	---	*	---	*
Pacific	515	95	280	465	318	325	---	*	321	47
Total U.S.	391	1168	241	2836	265	1746	$ 327	101	302	242

*Responses were too few to allow meaningful statistical analysis.

Source: 1985 Survey of Dental Practice.

Table 40

Independent Dentists
Mean Weekly Salary or Commission Paid to
Full- or Part-Time Personnel by Region, 1984

	Dental Hygienist		Dental Assistant		Secretary/ Receptionist		Laboratory Technician		Bookkeeper/ Business Personnel	
	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number
CENSUS REGION										
New England	$ 264	296	$ 208	266	$ 214	178	---	*	$ 156	59
Middle Atlantic	260	515	198	664	220	428	---	*	178	101
East North Central	262	600	196	676	212	437	$ 248	28	172	119
West North Central	272	249	201	368	219	193	---	*	190	55
South Atlantic	298	543	214	645	226	411	293	39	176	110
East South Central	267	164	210	213	213	115	---	*	160	29
West South Central	294	208	223	307	256	178	---	*	226	42
Mountain	276	138	203	213	241	127	---	*	200	38
Pacific	307	522	248	666	285	454	---	*	211	115
Total U.S.	279	3235	212	4018	234	2521	269	173	185	668

*Responses were too few to allow meaningful statistical analysis.

Source: The 1985 Survey of Dental Practice.

Table 41

Independents Dentists
Mean Hourly Salary or Commission Paid to
Full-Time Personnel by Region, 1984

	Dental Hygienist		Dental Assistant		Secretary/ Receptionist		Laboratory Technician		Bookkeeper/ Business Personnel	
	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number
CENSUS REGION										
New England	$ 10.52	122	$ 6.74	177	$ 7.03	112	---	*	---	*
Middle Atlantic	10.89	168	6.45	410	7.15	255	---	*	$ 7.30	33
East North Central	10.79	213	6.27	452	6.74	281	---	*	7.49	43
West North Central	10.68	111	6.17	267	6.82	135	---	*	---	*
South Atlantic	10.78	259	6.29	505	6.77	298	---	*	7.67	35
East South Central	9.10	89	5.93	172	6.10	94	---	*	---	*
West South Central	11.93	69	6.64	240	7.31	148	---	*	---	*
Mountain	12.33	42	6.64	148	7.19	98	---	*	---	*
Pacific	14.98	95	7.65	465	8.63	325	---	*	8.62	47
Total U.S.	11.11	1168	6.57	2836	7.22	1746	$ 8.62	101	8.00	242

*Responses were too few to allow meaningful statistical analysis.

Source: The 1985 Survey of Dental Practice.

Table 42

Independent Dentists
Mean Hourly Salary or Commission Paid to
Full- or Part-time Personnel by Region, 1984

	Dental Hygienist		Dental Assistant		Secretary/ Receptionist		Laboratory Technician		Bookkeeper/ Business Personnel	
	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number	Weighted Mean	Number
CENSUS REGION										
New England	$ 10.99	294	$ 6.55	260	$ 6.82	169	---	*	$ 9.46	56
Middle Atlantic	11.60	512	6.41	651	7.12	409	---	*	8.68	88
East North Central	11.55	597	6.31	660	6.75	419	$ 7.83	28	8.81	113
West North Central	11.26	248	6.11	353	6.74	185	---	*	8.82	51
South Atlantic	11.79	535	6.36	627	7.07	386	8.22	32	8.20	97
East South Central	9.56	161	6.00	205	6.09	109	---	*	9.14	25
West South Central	13.14	205	6.66	300	7.61	172	---	*	7.87	38
Mountain	13.23	138	6.68	210	7.20	122	---	*	9.68	35
Pacific	16.99	516	7.65	647	8.59	438	---	*	9.28	108
Total U.S.	12.47	3206	6.58	3913	7.26	2409	8.96	160	8.84	611

*Responses were too few to allow meaningful statistical analysis.

Source: The 1985 Survey of Dental Practice.

Table 43

Independent Dentists
Mean Number of Full- and Part-Time Hygienists' Appointments
and Patient Visits per Week by Region, 1984

	Hygienist Appointments Scheduled		Hygienist Patient Visits	
	Weighted Mean	Number	Weighted Mean	Number
REGION				
New England	34.8	180	33.0	174
Middle Atlantic	29.0	384	27.0	376
East North Central	32.7	465	30.8	454
West North Central	29.7	183	28.3	180
South Atlantic	33.7	418	31.5	404
East South Central	30.8	134	28.3	131
West South Central	28.5	193	26.0	191
Mountain	26.2	123	23.8	120
Pacific	25.7	391	23.8	380
Total U.S.	30.4	2471	28.3	2410

Source: The 1985 Survey of Dental Practice.

Table 44

Percent of Independent Dentists Using Specified Number of Operatories, Dental Techniques, Laboratories and Specified Equipment, 1984

	Type of Dentist					
	General Practitioner		Specialist		All Independent Dentists	
	Weighted		Weighted		Weighted	
	Number	Percent	Number	Percent	Number	Percent
FACILITIES AND EQUIPMENT:						
Operated Own Dental Laboratory	161	7.3%	143	24.5%	304	10.9%
Equipment Utilization*:						
Composite Light Curing Unit	1,989	90.3	135	23.4	2,124	76.4
High Speed Air Handpiece with Fiber Optics	1,185	54.0	116	20.2	1,301	47.0
Panoramic x-ray Unit	728	33.4	347	59.9	1,075	39.0
Ultrasonic or Sonic Scaling Unit	1,765	80.3	226	39.1	1,991	71.7
Electrosurgical Unit	965	44.2	190	33.0	1,155	41.8
Nitrous Oxide Analgesia Equipment	1,194	54.2	286	49.6	1,480	53.4
Modular Instrument Delivery System (wall divider)	351	16.2	48	8.4	399	14.6
Automatic x-ray Film Processor	1,173	53.5	331	57.3	1,504	54.3
Utilization of Computer Processing Services:+						
In-House	193	48.5	89	61.4	282	51.9
Outside Computer Service	205	51.5	56	38.6	261	48.1
Operatories (Mean)	2,191	3.2	577	4.3	2,768	3.4
Fully-Equipped Operatories (Mean)	2,153	2.8	556	3.4	2,709	2.9

*For each category only affirmative response rates are reported.

+These response rates are based only on those respondents who use computer services including 19.9% of all independent dentists, 18.5% of independent general practitioners, and 25.1% of independent specialists.

Source: The 1985 Survey of Dental Practice.

Table 45

Percent of Independent Dentists by Location and Characteristics of Practice, 1984

PRACTICE LOCATION AND CHARACTERISTICS:*	TYPE OF DENTIST: General Practitioner Weighted Number	General Practitioner Weighted Percent	Specialist Weighted Number	Specialist Weighted Percent	All Independent Dentists Weighted Number	All Independent Dentists Weighted Percent
Building Description:						
Home	164	10.1%	20	5.2%	184	9.2%
Professional Building	1,003	61.8	301	77.8	1,304	64.9
Commercial Building	455	28.1	66	17.1	521	25.9
Located in a Shopping Center	120	7.1	20	5.0	140	6.7
Primary Practice Characterization:						
Retail or Drug Store Location	38	2.3	4	1.0	42	2.0
Franchise (practice marketed under a trade name)	1	0.0	0	0.0	2	0.0

*For each category only affirmative response rates are reported.

Source: The 1985 Survey of Dental Practice.

Table 46

Mean and Median Waiting Times for Patients of Record and New Patients for Independent Dentists, 1984

	TYPE OF DENTIST: General Practitioner Mean	General Practitioner Median	General Practitioner Weighted Number	General Practitioner S.D.	Specialist Mean	Specialist Median	Specialist Weighted Number	Specialist S.D.	All Independent Dentists Mean	All Independent Dentists Median	All Independent Dentists Weighted Number	All Independent Dentists S.D.
PATIENTS OF RECORD												
For the Initial Appointment (Days)	6.1	5.0	3,790	6.1	5.5	3.0	1,092	5.5	6.0	4.0	4,882	6.6
Elapsed Time in Waiting Room (Minutes)	7.9	5.0	3,773	6.6	8.9	8.0	1,109	7.2	8.1	5.0	4,882	6.7
NEW PATIENTS												
For the Initial Appointment (Days)	6.4	5.0	3,415	7.8	6.4	4.0	989	8.3	6.4	5.0	4,404	7.9
Elapsed Time in Waiting Room (Minutes)	8.0	5.0	3,182	6.8	9.5	10.0	909	7.8	8.2	5.0	4,091	7.0

Source: The 1985 Survey of Dental Practice.

Table 47

Independent Dentists
Percentage Distribution by Perceived Practice
Busyness, 1984

	TYPE OF DENTIST					
	General Practitioner		Specialist		All Independent Dentists	
	Weighted		Weighted		Weighted	
	Number	Percent	Number	Percent	Number	Percent
PERCEIVED PERSONAL BUSYNESS						
Too Busy	124	5.3%	7	1.7%	132	4.8%
Overworked	337	14.5	46	10.4	383	13.8
Enough Patients	1036	44.5	201	46.0	1237	44.7
Not Busy Enough	830	35.6	183	41.9	1013	36.6
All Independent Dentists	2328	100.0	437	100.0	2764	100.0

Source: The 1985 Survey of Dental Practice.

Table 48

Mean and Median Net Income of Independent Dentists by Source of Income*, 1984

	Mean	Median	Number	S.D.
All Independent Dentists				
Primary Practice	$ 65,460	$ 60,000	4,436	$ 43,640
Private Practice	65,990	60,000	4,374	44,500
Total from Dentistry	66,940	60,000	4,374	45,070
General Practitioners				
Primary Practice	60,260	55,000	3,422	39,160
Private Practice	60,790	55,000	3,398	39,150
Total from Dentistry	61,610	56,000	3,398	39,740
Specialists				
Primary Practice	94,050	84,110	1,014	54,870
Private Practice	95,450	85,000	976	59,130
Total from Dentistry	97,280	87,000	976	59,250

Three different estimates of net income from the practice of dentistry are: 1) net income from the primary practice alone; 2) net income from private practice, and 3) total net income from all dental sources. Primary practice net income is what the dentist reported as his/her income after practice expenses but before personal taxes from the primary practice where they worked. Net income from private practice is the net income from the primary practice plus income earned from a secondary private practice. Total net income from all dental sources includes net income from primary practice, net income from secondary practice and any other income derived from other dental sources such as teaching in a dental school, dental consulting or working part-time in a hospital.

Source: The 1985 Survey of Dental Practice.

Table 49

Mean and Median Net Income from Primary Practice for Independent Dentists by Region*, 1984

	TYPE OF DENTIST											
	General Practitioner				Specialist				All Independent Dentists			
	Net Income				Net Income				Net Income			
	Mean	Median	Number	S.D.	Mean	Median	Number	S.D.	Weighted Mean	Median	Number	S.D.
CENSUS REGION												
New England	$61,246	$60,000	214	$39,676	$84,291	$80,000	73	$29,785	$65,242	$64,000	287	$38,355
Middle Atlantic	59,386	52,000	597	50,153	90,232	83,500	189	43,442	64,412	60,000	786	49,907
East North Central	57,816	54,000	647	32,998	95,905	86,000	144	43,639	62,401	59,000	791	37,304
West North Central	58,247	52,000	302	37,337	116,257	100,000	65	54,963	65,027	60,000	367	45,053
South Atlantic	65,863	60,000	479	45,540	92,423	80,000	164	48,085	70,482	65,000	643	47,237
East South Central	58,898	51,777	176	40,350	89,295	85,000	57	40,403	63,946	59,682	233	41,827
West South Central	58,973	55,000	269	34,105	102,380	80,736	84	49,685	65,965	60,000	353	41,490
Mountain	54,483	49,000	183	33,461	104,668	83,000	69	53,064	63,928	60,000	252	44,190
Pacific	63,531	60,000	537	41,653	87,314	80,000	165	39,451	67,310	61,414	702	42,024
Total U.S.	60,348	55,000	3404	40,983	94,109	84,112	1010	45,053	65,557	60,000	4414	43,677

*Excludes Guam, Puerto Rico, and the Virgin Islands.

Source: The 1985 Survey of Dental Practice.

Table 50

Mean and Median Gross Income per Owner Dentist from Primary Practice for Independent Dentists by Region*, 1984

	TYPE OF DENTIST											
	General Practitioner				Specialist				All Independent Dentists			
	Gross Income per Owner				Gross Income per Owner				Gross Income per Owner			
	Mean	Median	Number	S.D.	Mean	Median	Number	S.D.	Weighted Mean	Median	Number	S.D.
CENSUS REGION												
New England	$183,898	$158,000	189	$213,129	$222,491	$212,381	66	$100,756	$190,720	$170,000	255	$196,829
Middle Atlantic	158,699	140,000	528	109,241	220,393	206,000	173	107,496	169,044	156,000	701	110,747
East North Central	165,592	149,500	586	94,158	255,396	232,500	132	142,022	176,517	160,000	718	106,156
West North Central	156,617	133,112	286	96,231	277,339	255,500	62	168,363	170,816	152,320	348	114,969
South Atlantic	186,411	175,500	448	117,840	235,449	225,000	149	108,819	194,737	185,000	597	117,076
East South Central	153,595	140,500	160	72,906	222,718	215,000	52	87,200	165,108	157,841	212	79,234
West South Central	185,696	165,000	257	116,786	251,706	209,000	76	125,935	195,852	180,000	333	120,343
Mountain	156,711	139,000	176	80,618	244,682	207,000	62	123,502	172,373	160,000	238	94,921
Pacific	201,575	186,904	519	114,366	249,614	221,000	158	159,226	209,149	195,000	677	123,412
Total U.S.	174,147	155,000	3149	115,505	240,991	220,000	930	129,202	184,420	170,000	4079	120,019

*Excludes Guam, Puerto Rico, and the Virgin Islands.

Source: The 1985 Survey of Dental Practice.

APPENDIX

ADA American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611
312 440-2500

1985 SURVEY OF DENTAL PRACTICE

LONG FORM

Please answer all questions by **circling** the number corresponding to the most appropriate response, except where a fill in the blank is requested.

1. Which of the following **best** describes your primary and/or secondary occupation(s) during 1984? Please circle **one** response for **EACH** column.)

	Primary Occupation	Secondary Occupation
a. Private practice (full- or part-time)	00	00
b. Dental school faculty/staff member	01	01
c. Armed Forces	02	02
d. Other federal services (e.g., VA, PHS)	03	03
e. State or local government employed	04	04
f. Hospital staff dentist	05	05
g. Intern/resident	06	06
h. Other student	07	07
i. Other health/dental organization staff member (e.g., NIDR)	08	08
j. Not in practice/retired	09	09
k. Occupation unrelated to dentistry	10	10
l. **NO SECONDARY OCCUPATION**	—	11

Please complete the remainder of this questionnaire if you were in **PRIVATE PRACTICE** as a **PRIMARY OCCUPATION** during any part of 1984.

If private practice was your **SECONDARY OCCUPATION ONLY** please complete the **SECONDARY PRACTICE** section beginning with question 47.

If you were **NOT INVOLVED** in the **PRIVATE PRACTICE** of dentistry during **ANY PART** of 1984, please return the questionnaire. Thank you.

INDIVIDUAL DENTIST QUESTIONS

The following questions pertain to you as an individual private practitioner. If you changed practices (i.e., worked in more than one **PRIMARY** practice during 1984), please give information on the practice in which you treated patients for the greatest number of months.

2. Are you currently **ANNOUNCING** yourself and practicing as a specialist in an ADA recognized specialty area (dental public health, endodontics, oral and maxillofacial surgery, oral pathology, orthodontics, pedodontics, periodontics, or prosthodontics)?

Yes 1
No 2

3. In what year did you **FIRST** become associated with the **PRIMARY PRACTICE** where you practiced during 1984? 19 _____

4. Which **ONE** of the following **BEST** describes your employment status when you **FIRST** became associated with that practice?

a. Sole proprietor (i.e., the only owner) in an unincorporated dental practice 1
b. Partner in a complete or limited partnership 2
c. Shareholder in an incorporated dental practice 3
d. Employed in an incorporated dental practice on a salary, commission, percentage, or associate basis but not a shareholder 4
e. Employed in an unincorporated dental practice on a salary, commission, percentage, or associate basis . 5
f. Independent contractor 6
g. Other, please specify _____

5. Which **ONE** of the following **BEST** describes your employment status in that practice during 1984?

a. Sole proprietor (i.e., the only owner) in an unincorporated dental practice 1
b. Partner in a complete or limited partnership 2
c. Shareholder in an incorporated dental practice 3
d. Employed in an incorporated dental practice on a salary, commission, percentage, or associate basis but not a shareholder 4
e. Employed in an unincorporated dental practice on a salary, commission, percentage, or associate basis 5
f. Independent contractor 6
g. Other, please specify _____

6. Please answer the following about the time **YOU PERSONALLY** spent in the **PRIMARY PRACTICE** during 1984.

a. Total number of weeks worked (excluding vacation) ..... _____ **weeks**

b. Number of hours per week:

	Hours per Week
Treating patients	
On laboratory procedures	
Filing prepayment forms	
Bookkeeping	
Professional reading	
Personal time (lunch, etc.)	
Other activities	
TOTAL number of hours per week spent in the **PRIMARY PRACTICE**	

c. During a typical week, what percentage of your time treating patients in the **PRIMARY PRACTICE** was devoted to each of the following procedures? (If none, enter zero.)

	Percent of Time per Week
Diagnostic (exams, x-rays, etc.)	%
Preventive (fluoride treatments, prophylaxis, patient education, etc.)	%
Operative (restorations, amalgams, inlays, etc.)	%
Prosthodontic	%
Endodontic	%
Periodontic	%
Orthodontic	%
Oral and maxillofacial surgery	%
General services (anesthesia, patient management, counseling, miscellaneous)	%
TOTAL	100%

7. During the entire year of 1984 indicate the **TOTAL** number of **DIFFERENT PATIENTS YOU TREATED** in the **PRIMARY PRACTICE** _____ **different patients**

8. Please indicate the following regarding patient care that **YOU PERSONALLY** provided in the **PRIMARY PRACTICE** during 1984.

The average number of:

a. **APPOINTMENTS SCHEDULED** per week **(EXCLUDING** those with hygienist appointments only) _____ **appointments per week**

b. **WALK-IN VISITS** per week that **YOU** treated (i.e., non-emergency and no appointment scheduled) If none, enter zero _____ **visits per week**

c. **EMERGENCY VISITS** per week that **YOU** treated (i.e., no appointment scheduled) If none, enter zero _____ **visits per week**

d. **SCHEDULED VISITS** per week that **YOU ACTUALLY** treated **(EXCLUDING** those with hygienist appointments only) _____ **visits per week**

9. Which ONE of the following best describes **YOU** in your **PRIMARY PRACTICE** during 1984?

	Busyness
a. Too busy to treat all people requesting appointments	1
b. Provided care to all who requested appointments but was overworked	2
c. Provided care to all who requested appointments and was not overworked	3
c. Not busy enough, could have treated more patients	4

10. a. In 1984, did **YOU PERSONALLY** deliver dental care (either on a volunteer or fee-for-service basis) at a nursing home in your community?

Yes 1
No (Skip to question 11.) 2

b. Estimate the number of hours per month spent treating patients in nursing home(s) _____ **hours per month**

ENTIRE PRIMARY PRACTICE CHARACTERISTICS

11. What was the zip code of your **PRIMARY PRACTICE** during 1984? _____ **zip code**

12. Please indicate the **TOTAL** hours the **PRIMARY PRACTICE** was usually open to provide care to patients **ON A DAILY BASIS.** (If the practice was not open on a particular day, enter zero in **BOTH** columns.)

	TOTAL OFFICE HOURS* Number of hours open	
	6:00 a.m. to 6:00 p.m.	after 6:00 p.m.
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
TOTAL*		

***NOTE:** The sum of the two columns should equal the **TOTAL** number of hours per week that the **PRIMARY PRACTICE** was usually open to provide care to patients during 1984.

13. **INCLUDING YOURSELF,** please indicate the number of full-or part-time **DENTIST POSITIONS** in the **ENTIRE PRIMARY PRACTICE** during 1984. (If none, enter zero.)

	Number of Dentist Positions
a. Number of **OWNER** dentists (i.e., sole proprietor, partners, or shareholders)	
b. Number of **NON-OWNER** dentists (i.e., employed dentists, associates and non-shareholders) If none, enter zero	

If you are a **NONOWNER DENTIST** in your **PRIMARY PRACTICE** (employed, salaried or an associate), respond to the following question. If you are an **OWNER DENTIST,** skip to question 15.

14. What was your total length of experience **PRIOR** to employment in this practice? ..... _____ years _____ months

15. Please indicate the number of full-time (32 hours per week or more) and part-time (less than 32 hours per week) **EMPLOYEE POSITIONS** in the **PRIMARY PRACTICE** during 1984. (If none, enter zero.)

	Number of Employee Positions	
	full-time	part-time
a. Dental hygienist(s)	_____	_____
b. Chairside assistant(s)	_____	_____
c. Secretary/receptionist(*)	_____	_____
d. Dental laboratory technician(s)	_____	_____
e. Bookkeeper, business personnel ...	_____	_____
f. Other, please specify _____	_____	_____

***NOTE:** A secretary or receptionist who also provides chairside assistance at least 50% of the time should be counted as a chairside assistant.

If the **ENTIRE PRIMARY PRACTICE** employed any dental hygienists in 1984, please continue. If **no** hygienists were employed, skip to question 19.

16. Please provide the following regarding all dental hygienist(s) appointments and visits in the **ENTIRE PRIMARY PRACTICE** during 1984:

The average number of:	Dental Hygienist(s)
a. **APPOINTMENTS SCHEDULED** per week primarily for hygienist(s) treatment	_____ appointments per week
b. **SCHEDULED VISITS** per week that were actually treated by all hygienist(s)	_____ visits per week

17. Which of the following was the predominant method of reimbursing dental hygienist(s) in the **ENTIRE PRIMARY PRACTICE**? (Circle one.)

a. Salary only 1
b. Commission only 2
c. Salary plus commission 3
d. Other, please specify _____

18. Please provide the following for **EACH DENTAL HYGIENIST** in the **ENTIRE PRIMARY PRACTICE** during 1984: If the practice did not employ someone in these positions, please check the appropriate box in the first column.

DENTAL HYGIENIST (S):	Not applicable (Please check boxes)	ANNUAL Salary/ Commission (in dollars)	Weeks Worked per Year	Hours Worked per Week	Length of Experience PRIOR to Employment in this Practice		Length of Employment in this Practice	
Position #1	☐	$ _____ per year	_____	_____	_____	_____	_____	_____
Position #2	☐	$ _____ per year	_____	_____	_____	_____	_____	_____
Position #3	☐	$ _____ per year	_____	_____	_____	_____	_____	_____
Position #4	☐	$ _____ per year	_____ weeks	_____ hours	_____ years	_____ months	_____ years	_____ months

Please use the following space to provide information for **ALL DENTAL HYGIENISTS NOT INCLUDED ABOVE.**

_____	$ _____	_____	_____	_____	_____	_____	_____
_____	$ _____	_____	_____	_____	_____	_____	_____
_____	$ _____	_____	_____	_____	_____	_____	_____
_____	$ _____ per year	_____ weeks	_____ hours	_____ years	_____ months	_____ years	_____ months

19. Please provide the following for **EACH EMPLOYEE** in the **ENTIRE PRIMARY PRACTICE** during 1984. If the practice did not employ someone in these positions please check the appropriate box in the first column.

	Not applicable (Please check boxes)	WEEKLY Salary (in dollars)	Hours Worked per Week	Length of Experience PRIOR to Employment in this Practice		Length of Employment in this Practice	
CHAIRSIDE ASSISTANT (S):							
Position #1	☐	$ _____ per week	_____	_____	_____	_____	_____
Position #2	☐	$ _____ per week	_____	_____	_____	_____	_____
Position #3	☐	$ _____ per week	_____	_____	_____	_____	_____
Position #4	☐	$ _____ per week	_____	_____	_____	_____	_____
Position #5	☐	$ _____ per week	_____ hours	_____ years	_____ months	_____ years	_____ months
SECRETARY / RECEPTIONIST(S):							
Position #1	☐	$ _____ per week	_____	_____	_____	_____	_____
Position #2	☐	$ _____ per week	_____	_____	_____	_____	_____
Position #3	☐	$ _____ per week	_____ hours	_____ years	_____ months	_____ years	_____ months
DENTAL LABORATORY TECHNICIAN (S):							
Position #1	☐	$ _____ per week	_____	_____	_____	_____	_____
Position #2	☐	$ _____ per week	_____ hours	_____ years	_____ months	_____ years	_____ months
BOOKKEEPING / BUSINESS PERSONNEL:							
Position #1	☐	$ _____ per week	_____	_____	_____	_____	_____
Position #2	☐	$ _____ per week	_____ hours	_____ years	_____ months	_____ years	_____ months

Please use the following space to provide information for **ALL PERSONNEL NOT INCLUDED ABOVE.**

_____	$ _____	_____	_____	_____	_____	_____
_____	$ _____	_____	_____	_____	_____	_____
_____	$ _____	_____	_____	_____	_____	_____
_____	$ _____ per week	_____ hours	_____ years	_____ months	_____ years	_____ months

20. In the **PRIMARY PRACTICE** during 1984, indicate whether or not and to whom the following benefits were offered:

	Not Offered	Dental Hygienist(s)	Chairside Assistant(s)	Dental Laboratory Technician(s)	Secretary/ Receptionist(s)
a. Medical insurance	1	2	3	4	5
b. Dental insurance (or reduced costs)	1	2	3	4	5
c. Separate malpractice insurance	1	2	3	4	5
d. Life insurance	1	2	3	4	5
e. Profit sharing	1	2	3	4	5
f. Pension plan	1	2	3	4	5
g. Paid sick leave	1	2	3	4	5
h. Paid vacation days	1	2	3	4	5
i. Reimbursement for professional organization dues	1	2	3	4	5
j. Reimbursement for continuing education courses	1	2	3	4	5
k. Other, please specify _____					

21. a. Did the **PRIMARY PRACTICE** utilize computer processing services during 1984?

Yes 1
No (Skip to question 22) 2

b. Were these computer services provided by an:

In-house computer 1
Outside computer service (Skip to question 21d) 2
Other, please specify _____

c. Who was the primary user of the computer system?

Dentist(s) 1
Secretary/receptionist(s) 2
Bookkeeping/business personnel 3
Other, please specify _____

d. For which of the following functions was a computer utilized? (Please circle as many as apply.)

Patient accounting and billing 1
Maintaining expense records 2
Processing insurance forms 3
Maintaining treatment records 4
Diagnosis and monitoring of treatment 5
Scheduling patients 6
Other, please specify _____

22. In the **ENTIRE PRIMARY PRACTICE** during 1984:

a. What was the total number of operatories? _____ **operatories**

b. How many of these were fully-equipped operatories (i.e. where a dentist can perform at least restorative dentistry)? _____ **operatories**

c. What was the total square feet of office space? _____ **square feet**

23. Did the **PRIMARY PRACTICE** operate its own dental laboratory during 1984?

Yes 1
No 2

24. Were any of the following items of equipment utilized by the **PRIMARY PRACTICE** during 1984? (Please respond for each item of equipment.)

	Yes	No
a. Composite light curing unit	1	2
b. High speed air handpiece with fiber optics	1	2
c. Panoramic x-ray unit	1	2
d. Ultrasonic or sonic scaling unit	1	2
e. Electrosurgical unit	1	2
f. Nitrous oxide analgesia equipment	1	2
g. Modular instrument delivery system (wall divider)	1	2
h. Automatic x-ray film processor	1	2

25. Where any of the following methods used to advertise the dental services of the **PRIMARY PRACTICE** in 1984?

	Yes	No
a. Telephone Yellow Pages listing	1	2
b. Telephone Yellow Pages display ad	1	2
c. Newspaper advertisement	1	2
d. Magazine advertisement	1	2
e. Radio commercial	1	2
f. Television commercial	1	2
g. Other, please specify _____		

26. Which of the following **BEST** describes your **PRIMARY PRACTICE** location during 1984?

a. Metropolitan area with a population greater than 500,000:
central city location 1
suburban location 2
b. Metropolitan area with a population between 100,000 and 500,000:
central city location 3
suburban location 4
c. City of 50,000-99,999 population 5
d. City of 20,000-49,999 population 6
e. Rural (less than 20,000 population) 7

27. Which of the following **BEST** describes the building where the **PRIMARY PRACTICE** was located during 1984?

a. Home 1
b. Professional building 2
c. Commercial building 3
d. Other, please specify _____

28. Was the building where the **PRIMARY PRACTICE** was located during 1984 in a shopping center?

Yes 1
No 2

29. Do either of the following characterize your **PRIMARY PRACTICE** where you worked in 1984?

	Yes	No
a. Retail or drug store facility	1	2
b. Franchise (practice marketed under a trade name)	1	2

If you were a solo practitioner during 1984, please skip to question 33.

30. Please indicate the following regarding patient care by the **ENTIRE PRIMARY PRACTICE** during 1984:

The average number of:	Entire Practice
a. **APPOINTMENTS SCHEDULED** per week (**EXCLUDING** those with hygienist appointments only)	_____ **appointments per week**
b. **WALK-IN VISITS** per week that were treated (i.e., non-emergency and no appointment scheduled) If none, enter zero	_____ **visits per week**
c. **EMERGENCY VISITS** per week (i.e., no appointment scheduled) If none, enter zero	_____ **visits per week**
d. **SCHEDULED VISITS** per week that were **ACTUALLY** treated (**EXCLUDING** those with hygienist appointments only)	_____ **visits per week**

31. During the entire year of 1984 indicate the **TOTAL** number of **DIFFERENT PATIENTS** treated by the **PRIMARY PRACTICE** _____ **different patients**

32. Which **ONE** of the following best describes the **ENTIRE PRIMARY PRACTICE** during 1984?

	Entire Practice Busyness
a. Too busy to treat all people requesting appointments	1
b. Provided care to all who requested appointments but the practice was overworked	2
c. Provided care to all who requested appointments and the practice was not overworked	3
d. Not busy enough, the practice could have treated more patients	4

33. Approximately what percent of the **ENTIRE PRACTICE'S** yearly patients are received on a referral basis from another practice, dentist or physician? _____%

34. During a typical week, about how many **NEW PATIENTS** were treated in the **ENTIRE PRIMARY PRACTICE** where you practiced in 1984? (If none, enter zero and skip to question 36.) _____ **new patients per week**

35. For 1984, please indicate the percentage of **NEW PATIENTS** from the following sources: (If none, enter zero.)

	Entire Practice Sources of New Patients
a. Other dentists:	
General practitioners	_____%
Specialists	_____%
b. Patients	_____%
c. Dental referral service	_____%
d. Other professionals (e.g., M.D.'s)	_____%
e. Direct mail or commercial advertising (TV, radio, newspaper, etc.)	_____%
f. Capitation/closed panel contracts	_____%
g. Other, please specify _____	_____%
	TOTAL 100%

36. For the **ENTIRE PRIMARY PRACTICE** during 1984, how long did an average patient of record and average new patient have to **WAIT:**

	Entire Practice Waiting Time	
	patient of record	new patient
a. for the **INITIAL APPOINTMENT** of a series (excluding emergency cases)	_____	_____
	days	
b. to see a dentist **AFTER** the patient arrived for a **SCHEDULED APPOINTMENT**	_____	_____
	minutes	

37. Of the 52 weeks in 1984, how many weeks was the **PRIMARY PRACTICE** scheduled to be open (not including emergency cases) to provide care to patients? _____ **weeks**

38. Approximately what percentage of the patients who visited the primary practice:

	Entire Practice Patient Characteristics
a. were:	
14 years of age or younger	_____%
15 to 64 years of age	_____%
65 years of age or older	_____%
	TOTAL 100%
b. were members of families whose annual income is estimated to be:	
under $10,000	_____%
$10,000 to 29,999	_____%
$30,000 or more	_____%
	TOTAL 100%
c. were:	
covered by a private insurance program that pays or partially pays for their dental care	_____%
covered by a public assistance program that pays or partially pays for their dental care	_____%
not covered by an insurance program	_____%
	TOTAL 100%
d. were physically handicapped and/or mentally handicapped	_____%
e. were members of a racial minority	_____%

39. For each of the dental procedures listed below, indicate the usual fee the **ENTIRE PRIMARY PRACTICE** charged during 1984. **(If you usually provided the procedure free of charge, enter zero in the appropriate blank. If the procedure is not routinely performed, check the box.)** Please do not report ranges.

	Not Done	Usual Fee
a. Periodic oral examination (excluding radiographs)	☐	$ _____
b. Bitewing radiographs, four films	☐	$ _____
c. Dental prophylaxis, for adults	☐	$ _____
d. Pit and fissure sealant, per tooth	☐	$ _____
e. Topical fluoride treatment (including prophylaxis), child	☐	$ _____
f. Amalgam restoration, one surface, permanent (including polishing)	☐	$ _____
g. Root planing, per quadrant	☐	$ _____
h. Fixed unilateral space maintainer	☐	$ _____
i. Gold crown (full cast), single restoration	☐	$ _____
j. Root canal therapy (including treatment plan, clinical procedures and follow-up care), one canal	☐	$ _____
k. Complete upper acrylic-base denture, including six-months post-delivery care	☐	$ _____
l. Extraction (including local anesthesia and post-operative care), single tooth	☐	$ _____

40. During 1984, were any of the expenses of the **ENTIRE PRIMARY PRACTICE** (dental facilities or staff) shared with other dentists?

Yes 1
No 2

41. What was **YOUR** 1984 net income (after practice expenses and business taxes) from: (Please include salary, commission and/or dividends.)

	Net Income
a. Your primary practice?	$ _____.00
b. Your secondary practice (if applicable)?	$ _____.00
c. Other income from dentistry (i.e., teaching, research, other practice, etc.)	$ _____.00

42. In the **ENTIRE PRIMARY PRACTICE**, what was the **total amount of fees charged** for the dental care provided during 1984 **(annual billing)?** ..... $ _____.00

43. What percentage of the **GROSS RECEIPTS** were received: (If none, enter zero.)

	Gross Receipts
a. as direct patient payment?	_____%
b. as payment from government programs (e.g., Medicare, Medicaid, or other public insurance)?	_____%
c. as direct payment from private insurance carriers?	_____%
d. from other sources of payment? (Please specify) _____	_____%
	TOTAL 100%

44. The following represent possible contractual agreements with third parties. Indicate if **ANY** apply to your practice by estimating the percentage of **GROSS RECEIPTS** received and the percentage of patients involved in each. If none in a particular category, enter zero.

If no contractual agreements in the **ENTIRE PRIMARY PRACTICE**, please check box and skip to question 45. ☐

	Gross Receipts	Patients
a. Service benefit plan participating agreement (e.g., Delta Dental Plan or Blue Cross and Blue Shield Plan with participating agreements)	_____%	_____%
b. Capitation (e.g., Safeguard Health Plans, Inc., Blue Cross and Blue Shield United of Wisconsin Dentacare Program)	_____%	_____%
c. Capitation-risk pool combination (e.g., California Dental Service's Pacesetter Program)	_____%	_____%
d. Straight risk pool (e.g., Sharon, PA., Individual Practice Association Program)	_____%	_____%
e. Fee schedule agreement (i.e., agreement with any insurance company that is contracting with Insurance Dentists of America)	_____%	_____%
f. Discount of usual fees agreement (e.g., Aetna Fast Track Program)	_____%	_____%
g. Other, contractual agreements	_____%	_____%

If you shared expenses (dental facilities or staff) with any other practices, please report **YOUR ENTIRE PRIMARY PRACTICE'S** expenses share only.

45. For each item below, what were the **TOTAL PROFESSIONAL EXPENSES** for the **ENTIRE PRIMARY PRACTICE** during 1984? (If no expenses were incurred for specific items, please enter zero.)

	Expenses
a. Yearly rent	$ _____.00
b. Yearly mortgage (including interest)	$ _____.00
c. Total salaries, wages and commissions of non-dentist employees	$ _____.00
d. Total salaries, wages and commissions of employed dentists (**EXCLUDE** salaries of owner dentists or shareholders of incorporated practices)	$ _____.00
e. Total salaries, wages and commissions of officers/shareholder dentists **(FOR INCORPORATED PRACTICES ONLY)**	$ _____.00
f. Employee benefits of personnel, not included in salaries, (e.g., insurance, pensions, etc.)	$ _____.00
g. General office supplies	$ _____.00
h. Dental supplies	$ _____.00
i. Commercial dental laboratory charges	$ _____.00
j. Advertising expenses	$ _____.00
k. Annual depreciation costs of dental and office equipment	$ _____.00
l. Taxes on business and business property	$ _____.00
m. Repairs of dental or office equipment	$ _____.00
n. Insurance related to dental office (liability, fire, etc.)	$ _____.00
o. Legal and professional fees	$ _____.00
p. Professional liability (malpractice insurance)	$ _____.00
q. Interest on business indebtedness (excluding mortgage)	$ _____.00
r. Drugs	$ _____.00
s. Utilities (telephone, electricity, etc.)	$ _____.00
t. Professional expenses (travel to meetings, society dues, etc.)	$ _____.00
u. Bad debts	$ _____.00
v. Other, please specify _____	$ _____.00
TOTAL PROFESSIONAL EXPENSES	$ _____.00

46. During 1984 what did the **ENTIRE PRIMARY PRACTICE** spend on:

a. new or used dental equipment (**NOT INCLUDING** replacement of worn-out equipment or repairs)	$ _____.00
b. expansion of office facilities (**NOT INCLUDING** maintenance or basic repairs)	$ _____.00

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SECONDARY PRACTICE CHARACTERISTICS

If you worked in a **SECONDARY PRIVATE PRACTICE** during 1984, please complete the following **SECONDARY PRACTICE** section.

If you changed secondary practices during 1984, please give information on the practice in which you treated patients for the greatest number of months. If you practiced in two or more secondary practices at the same time, please give information on the practice in which you treated patients for the greatest number of hours per week.

If you were **NOT INVOLVED WITH A SECONDARY PRACTICE,** please return the questionnaire. Thank you for your assistance.

47. What was the zip code of your **SECONDARY PRACTICE** during 1984? ..... _____ **zip code**

48. In what year did you **FIRST** become associated with the **SECONDARY PRACTICE** where you practiced during 1984? ..... 19____

49. Which **ONE** of the following **BEST** describes your employment status in that **SECONDARY PRACTICE** during 1984?

a. Sole proprietor (i.e., the only owner) in an unincorporated dental practice 1
b. Partner in a complete or limited partnership 2
c. Shareholder in an incorporated dental practice 3
d. Employed in an incorporated dental practice on a salary, commission, percentage, or associate basis but not a shareholder 4
e. Employed in an unincorporated dental practice on a salary, commission, percentage, or associate basis 5
f. Independent contractor 6
g. Other, please specify _____

50. Please answer the following about the time **YOU PERSONALLY** spent in your **SECONDARY PRACTICE** during 1984:

a. Total number of weeks worked (excluding vacation) ..... _____ **weeks per year**
b. Total number of **HOURS PER WEEK** spent in the practice ..... _____ **hours per week**
c. Number of hours per week spent **TREATING PATIENTS** in the practice .. _____ **hours per week**

51. What was the total number of operatories in the **ENTIRE SECONDARY PRACTICE?** ... _____ **operatories**

52. Please indicate the following regarding patient care that **YOU PERSONALLY PROVIDED** in your **SECONDARY PRACTICE** during 1984:

The average number of:

a. **APPOINTMENTS SCHEDULED** per week **(EXCLUDING** those with hygienist appointments only) ..... _____ **appointments per week**
b. **WALK-IN VISITS** per week that **YOU** treated (i.e., non-emergency and no appointment scheduled) If none, enter zero ..... _____ **visits per week**
c. **EMERGENCY VISITS** per week (i.e., no appointment scheduled) If none, enter zero ..... _____ **visits per week**
d. **SCHEDULED VISITS** per week that **YOU ACTUALLY treated (EXCLUDING** those with hygienist appointments only) ..... _____ **visits per week**

53. In the **ENTIRE SECONDARY PRACTICE,** please indicate the number of full- (32 hours or more) and part-time (less than 32 hours) **POSITIONS in each of the following categories.**

	Number of Positions	
	full-time	**part-time**
a. Dentist (**Include** yourself.)		
General practitioner(s) ...	_____	_____
Specialist(s)	_____	_____
b. Dental auxiliaries:		
Dental hygienist(s)	_____	_____
Chairside assistant(s)	_____	_____

If you were in private practice as a Secondary Occupation **only,** please continue. Otherwise, please return the questionnaire. Thank you.

54. What was **your** net income for 1984 after practice expenses and business taxes) for: (Please include salary, commission, and/or dividends.)

	Net Income
a. Your secondary practice only?	$_____
b. Other income from dentistry (i.e., teaching, research, other practice income, etc.)?	$_____

Thank you for your assistance in this important research project.

ADA American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611
312 440-2500

1985 SURVEY OF DENTAL PRACTICE

SHORT FORM

Please answer all questions by **circling** the number corresponding to the most appropriate response, except where a fill in the blank is requested.

1. Which of the following **best** describes your primary and/or secondary occupation(s) during 1984? Please circle **one** response for **EACH** column.)

	Primary Occupation	Secondary Occupation
a. Private practice (full- or part-time)	00	00
b. Dental school faculty/staff member	01	01
c. Armed Forces	02	02
d. Other federal services (e.g., VA, PHS)	03	03
e. State or local government employed	04	04
f. Hospital staff dentist	05	05
g. Intern/resident	06	06
h. Other student	07	07
i. Other health/dental organization staff member (e.g., NIDR)	08	08
j. Not in practice/retired	09	09
k. Occupation unrelated to dentistry	10	10
l. **NO SECONDARY OCCUPATION**	—	11

Please complete the remainder of this questionnaire if you were in **PRIVATE PRACTICE** during **ANY PART** of 1984 as:

1. a **PRIMARY** occupation, **OR**
2. a **SECONDARY** occupation, **OR**
3. both a **PRIMARY** and **SECONDARY** occupation.

If you were **NOT INVOLVED** in the **PRIVATE PRACTICE** of dentistry during any part of 1984, please **RETURN THE QUESTIONNAIRE.** Thank you.

INDIVIDUAL DENTIST QUESTIONS

The following questions pertain to you as an individual private practitioner. If you changed practices (i.e., worked in more than one **PRIMARY** practice during 1984), please give information on the practice in which you treated patients for the greatest number of months.

2. Are you currently **ANNOUNCING** yourself and practicing as a specialist in an ADA recognized specialty area (dental public health, endodontics, oral and maxillofacial surgery, oral pathology, orthodontics, pedodontics, periodontics, or prosthodontics)?

Yes 1
No 2

	Primary Practice	Secondary Practice
3. In what year did you **FIRST** become associated with the primary/secondary practice where you practiced during 1984?	19 ____	19 ____

4. Which **ONE** of the following **BEST** describes your employment status when you **FIRST** became associated with that practice?

	Primary Practice	Secondary Practice
a. Sole proprietor (i.e., the only owner) in an unincorporated dental practice	1	1
b. Partner in a complete or limited partnership	2	2
c. Shareholder in an incorporated dental practice	3	3
d. Employed by an incorporated dental practice on a salary, commission, percentage, or associate basis but not a shareholder	4	4
e. Employed by an unincorporated dental practice on a salary, commission, percentage, or associate basis	5	5
f. Independent contractor	6	6
g. Other, please specify ____		

5. Which **ONE** of the following **BEST** describes your employment status in the practice(s) during 1984?

	Primary Practice	Secondary Practice
a. Sole proprietor (i.e., the only owner) in an unincorporated dental practice	1	1
b. Partner in a complete or limited partnership	2	2
c. Shareholder in an incorporated dental practice	3	3
d. Employed in an incorporated dental practice on a salary, commission, percentage, or associate basis but not a shareholder	4	4
e. Employed in an unincorporated dental practice on a salary, commission, percentage, or associate basis	5	5
f. Independent contractor	6	6
g. Other, please specify ____		

	Primary Practice	Secondary Practice
6. What was the zip code of your practice(s) during 1984?	____	____
	zip code	

7. Please indicate the following regarding patient care that **YOU PERSONALLY** provided during 1984?

	Primary Practice	Secondary Practice
The average number of:		
a. **APPOINTMENTS SCHEDULED** per week (**EXCLUDING** those with hygienist appointments only)	_____	_____
	appointments per week	
b. **WALK-IN VISITS** per week that **YOU** treated (i.e., non-emergency and no appointment scheduled.) (If none, enter zero.)	_____	_____
	visits per week	
c. **EMERGENCY VISITS** per week that **YOU** treated (i.e., no appointment scheduled.) (If none, enter zero.)	_____	_____
	visits per week	
d. **SCHEDULED VISITS** per week that **YOU ACTUALLY** treated (**EXCLUDING** those with hygienist appointments only	_____	_____
	visits per week	

8. Please answer the following about the time **YOU PERSONALLY** spent in the practice(s) during 1984

	Primary Practice	Secondary Practice
a. Total number of weeks worked (excluding vacation)	_____	_____
	weeks	
b. Total number of **HOURS PER WEEK** spent in the practice	_____	_____
	hours per week	
c. Number of hours per week spent **TREATING PATIENTS** in the practice	_____	_____
	hours per week	

9. What was **YOUR** 1984 net income (after practice expenses and business taxes) from: (Please include salary, commission and/or dividends.)

	Net Income
a. Your primary practice	$ _____ 00
b. Your secondary practice (if applicable)	$ _____ 00
c. Other income from dentistry (i.e., teaching, research, other practice, etc.)	$ _____ 00

If you were in private practice as a **PRIMARY OCCUPATION** during 1984, please continue.

If you were **NOT** in private practice as a **PRIMARY OCCUPATION** during 1984, **DO NOT CONTINUE.** Please return the questionnaire. Thank you.

ENTIRE PRIMARY PRACTICE CHARACTERISTICS

10. **INCLUDING YOURSELF**, please indicate the number of full- or part-time **DENTIST POSITIONS** in the **ENTIRE PRIMARY PRACTICE** during 1984. (If none, enter zero.)

	Number of Dentist Positions
a. Number of **OWNER** dentists (i.e., sole proprietor, partners, or shareholders)	_____
b. Number of **NON-OWNER** dentists (i.e., employed dentists, associates and non-shareholders) If none, enter zero	_____

11. Please indicate the number of full-time (32 hours per week or more) and part-time (less than 32 hours per week) **EMPLOYEE POSITIONS** in the **PRIMARY PRACTICE** during 1984. (If none, enter zero.)

	Number of Employee Positions	
	full-time	part-time
a. Dental hygienist(s)	_____	_____
b. Chairside assistant(s)	_____	_____
c. Secretary/receptionist(s)*	_____	_____
d. Dental laboratory technician(s)	_____	_____
e. Bookkeeper, business personnel	_____	_____
f. Other, please specify _____	_____	_____

***NOTE:** A secretary or receptionist who also provides chairside assistance at least 50% of the time should be counted as a chairside assistant.

12. Please provide the following for **EACH DENTAL HYGIENIST** in the **ENTIRE PRIMARY PRACTICE** during 1984. If the practice did not employ someone in these positions, please check the appropriate box in the first column.

DENTAL HYGIENIST (S):	Not applicable (Please check boxes)	ANNUAL Salary/ Commission (in dollars)	Weeks Worked per Year	Hours Worked per Week	Length of Experience PRIOR to Employment in this Practice		Length of Employment in this Practice	
Position #1	☐	$ _____ per year	_____ weeks	_____ hours	_____ years	_____ months	_____ years	_____ months
Position #2	☐	$ _____ per year	_____ weeks	_____ hours	_____ years	_____ months	_____ years	_____ months
Position #3	☐	$ _____ per year	_____ weeks	_____ hours	_____ years	_____ months	_____ years	_____ months

13. Please provide the following regarding all dental hygienist(s) appointments and visits in the **ENTIRE PRIMARY PRACTICE** during 1984:

The average number of:	Dental Hygienist(s)
a. **APPOINTMENTS SCHEDULED** per week primarily for hygienist(s) treatment	_____ **appointments per week**
b. **SCHEDULED VISITS** per week that were actually treated by all hygienist(s)	_____ **visits per week**

14. Please indicate the following regarding patient care by the **ENTIRE PRIMARY PRACTICE** during 1984:

The average number of:	Entire Practice
a. **APPOINTMENTS SCHEDULED** per week **(EXCLUDING** those with hygienist appointments only)	_____ **appointments per week**
b. **WALK-IN VISITS** per week that were treated (i.e., non-emergency and no appointment scheduled) If none, enter zero	_____ **visits per week**
c. **EMERGENCY VISITS** per week (i.e., no appointment scheduled) If none, enter zero	_____ **visits per week**
d. **SCHEDULED VISITS** per week that were **ACTUALLY** treated **(EXCLUDING** those with hygienist appointments only)	_____ **visits per week**

15. Approximately what percentage of the patients who visited the primary practice:

	Entire Practice Patient Characteristics
a. were:	
14 years of age or younger	_____%
15 to 64 years of age	_____%
65 years of age or older	_____% **TOTAL 100 %**
b. were members of families whose annual income is estimated to be:	
under $10,000	_____%
$10,000 to 29,999	_____%
$30,000 or more	_____% **TOTAL 100 %**
c. were:	
covered by a private insurance program that pays or partially pays for their dental care	_____%
covered by a public assistance program that pays or partially pays for their dental care	_____%
not covered by an insurance program	_____% **TOTAL 100 %**
d. were members of a racial minority	_____%

16. During the entire year of 1984 indicate the **TOTAL** number of **DIFFERENT PATIENTS** treated by the **PRIMARY PRACTICE** _____ **different patients**

17. For the **ENTIRE PRIMARY PRACTICE** during 1984, how long did an average patient of record and average new patient have to **WAIT:**

	Entire Practice Waiting Time	
	patient of record	new patient
a. for the **INITIAL APPOINTMENT** of a series (excluding emergency cases)	_____ **days**	_____
b. to see a dentist **AFTER** the patient arrived for a **SCHEDULED APPOINTMENT**	_____ **minutes**	_____

18. In the **ENTIRE PRIMARY PRACTICE**, what was the **total amount of fees charged** for the dental care provided during 1984 **(annual billing)**? $ _____ .00

19. What percentage of the **GROSS RECEIPTS** were received: (If none, enter zero.)

	Gross Receipts
a. as direct patient payment?	_____%
b. as payment from government programs (e.g., Medicare, Medicaid, or other public insurance)?	_____%
c. as direct payment from private insurance carriers?	_____%
d. from other sources of payment? (Please specify) _____	_____% **TOTAL 100 %**

20. During 1984, were any of the expenses of the **ENTIRE PRIMARY PRACTICE** (dental facilities or staff) shared with other dentists?

Yes 1
No 2

If you shared expenses (dental facilities or staff) with any other practice, please report **YOUR PRIMARY PRACTICE** expenses only.

21. For the following selected items, what were the **TOTAL PROFESSIONAL EXPENSES** for the **ENTIRE PRIMARY PRACTICE** during 1984? (If no expenses were incurred for specific items, please write in zero.)

	Expenses
a. Yearly rent	$ _____ .00
b. Yearly mortgage (including interest)	$ _____ .00
c. Total salaries, wages, and commissions of non-dentist employees	$ _____ .00
d. Commercial dental laboratory charges	$ _____ .00
e. Dental supplies	$ _____ .00
f. Advertising expenses	$ _____ .00
g. Bad debts	$ _____ .00

22. What were the **TOTAL PROFESSIONAL EXPENSES** of operating the **ENTIRE PRIMARY PRACTICE** during 1984? $ _____ .00
(This figure should be greater than the sum of the figures in question 21.)

Thank you for your assistance in this important research project. Please return this questionnaire by folding and place tape as indicated. Drop it in the mail.